



ST. LUCIE INTACT
INSPIRED NETWORK TO ACHIEVE COMMUNITY TOGETHER
437 North 7th Street * Fort Pierce, FL 34950
772-462-1777

Hurricane Mitigation Assistance
My Safe Florida Home Program

- The income for **all** household members 18 years and older for the next 12 months must be declared and verified.
- Assets for **all** household members must be declared and verified. Assets include bank accounts (checking, saving, CD's), safe deposit boxes, stocks, bonds, real estate, money market accounts, treasury bills, all retirement accounts (IRA, 401K, 403B, annuities, pension), whole life insurance, and revocable trusts. Having assets will not necessarily disqualify you for assistance.
- Applicant and Co-Applicant must appear in person at time of initial appointment to sign all documents.
- St. Lucie INTACT does not offer Accordion Shutters.

All information on this application must be complete and true to the best of your knowledge and belief. **Any willful misstatement of information included in this application will be grounds for disqualification.** Any changes must be reported to St. Lucie INTACT. Applications are accepted by appointment only. Please DO NOT mail in application.

For More Information Or To Schedule An Appointment Please Contact:

ST. LUCIE I.N.T.A.C.T.

437 North 7th Street * Fort Pierce, Florida 34950 * Phone: (772) 462-1777

PLEASE PROVIDE THE FOLLOWING INFORMATION WHEN APPLYING FOR ASSISTANCE*.

- ☐ **Completed** & signed application by owner(s). All persons legally titled on property.
- ☐ **Copies** of Florida State **ID or driver's license** for all family members age 18 & over, and social security cards of everyone in the household, including children.
- ☐ **Copies** of all children's **state birth certificates** (under the age of 18 years), not hospital birth certificates.
- ☐ **Copies** of most recent **pay stubs** (past 3 months), **pension awards letter, and/or a social security letter.** If you do not have your Social Security awards letter, please call 1-800-772-1213 to request this information.
- ☐ **Copies** of last three months of checking and/or savings account **(must include all pages) bank statements.**
- ☐ **Copies** of **W2's/1099's & tax returns** for the last year for all family members age 18 and over. If self-employed, provide accountant or bookkeeper's statement, quarterly profit & loss statement, or 1040 self-employment wage statement.
- ☐ **Letter from IRS** showing proof of non filing. If applicant does/did not file taxes, **please call 1-800-829-1040** to request a letter from the IRS showing proof of non-filing.
- ☐ **Copy** of **retirement/pension** (*company name, address, telephone, fax numbers & amount*) funds including 401K 403 B, IRA, etc.
- ☐ **Copy** of **homestead exemption**
- ☐ **Copy** of **current homeowner's insurance policy (if applicable)**

*NOTE: Staff may ask for more information on case-by-case basis.

** Staff can assist applicant by making copies of requested documentation if needed.

St. Lucie INTACT

My Safe Florida Home Program

Please fill out application completely.

Type of Assistance (check one): ☐ Rehabilitation ☐ Mitigation Date of Application: _____

I. Applicant's Name: _____ Social Security Number: _____

Date of Birth: _____ Age: _____ Sex: M or F

Applicant's Marital Status (check one): ☐ Married ☐ Unmarried ☐ Separated ☐ Divorced ☐ Widowed

II. Co-applicant's Name: _____ Social Security Number: _____

Date of Birth: _____ Age: _____ Sex: M or F

III. Current Address (including city, st, zip): _____

Mailing Address (if different): _____

Telephone Numbers: _____

Email: _____

IV. Number of People in Household: _____

V. Is your home Two Story? ☐ Yes ☐ No

VI. LIST ALL OTHER OCCUPANTS OF YOUR HOUSEHOLD:

Name	Relationship to applicant	Date of Birth	Age	Social Security Number	Sex	Annual Income
					M F	
					M F	
					M F	
					M F	
					M F	
					M F	

VII. Indicate the number of household members that fit into any of the following categories:

White, Non-Hispanic _____	Handicapped/disabled _____ (Please provide documentation)
Black/Non-Hispanic _____	Farm worker _____
American Indian _____	Single-head of household _____
Alaskan Native _____	Elderly (60+) _____
Hasidic Jew _____	Female Head of Household _____
Hispanic _____	
Asian or Pacific Islander _____	Other (specify) _____

VIII. Do you have any un-repaired hurricane damage to your home? ☐ YES ☐ NO If yes, please describe:

IX. Is your home insured? ☐ YES ☐ NO ☐ Pending (under binder)

For what amount? \$ _____

What is the name of your insurance company? _____

Is your home on the national register of historic places? ☐ YES ☐ NO

- X. EMPLOYMENT:** *This information must be provided for all household members age 18 years or older. You may use the back of this form as needed.*

Applicant Employment Information: Name: _____

Employer Name:	Position:
Phone Number:	Gross Annual Income: \$
Hourly Wage:	Hours worked per week:

Other Household Members Employment Information: Name: _____

Employer Name:	Position:
Phone Number:	Gross Annual Income: \$
Hourly Wage:	Hours worked per week:

- XI. ASSETS** *This information must be provided for **all** household members. You may use the back of this form as needed. **Please complete entirely & provide details.***

Type	Institution Name and Mailing Address	Account #	Value
Checking Account			\$
Savings Account			\$
Money Market Account			\$
Other (Trusts, lottery winnings, etc.)			\$
Retirement (Pension, 401K, etc.)			\$

- XII. Household Income Information:** *Include **ALL** income for **all** household members. You may use the back of this form as needed. **Please complete entirely & provide details (indicate member to whom income applies).***

SOURCE	GROSS MONTHLY AMOUNT	SOURCE	GROSS MONTHLY AMOUNT
Wages	\$	Rental Property Income	\$
Self-Employment	\$	Alimony	\$
Food Stamps	\$	Child Support (Not included as Income for Mitigation Asst)	\$
Aid to Families with Dependent Children	\$	Social Security Benefit	\$
Veterans' Benefit	\$	Supplemental Social Security Income (SSI)	\$
Unemployment Compensation	\$	Interest Income (bank accts, dividends, CD's, Stocks, Bonds, etc.)	\$
Retirement Benefits (Pensions, 401K, IRA, etc)	\$	Other Income or Assistance	\$
		TOTAL	\$

PLEASE READ BEFORE SIGNING

The Information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. **I/we understand that any willful misstatement of material fact will be grounds for disqualification.** I/we understand that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. I/we also agree to provide any other documentation needed to verify eligibility and to cooperate fully with the entire application, eligibility, and service provision process at all times. I/we understand that St. Lucie INTACT must be notified of any information changes within 10 days. This information will be maintained by St. Lucie INTACT and is subject to public disclosure.

The information on this form is to be used to determine maximum income for eligibility. I/we have provided for each person set forth in the above acceptable verification of current anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief under penalty of perjury.

WARNING: Florida Statute 817 provides that **willful false statements or misrepresentation** concerning income and assets or liabilities relating to financial condition is a **misdemeanor of the first degree** and is punishable by fines and imprisonment provided under Statutes 775.082 or 775.083.

Applicants Signature

Date

Co-Applicants Signature

Date